U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					1 / 1 / 2004 Through: 12 / 31 / 2004						
Name and address of person filing.					4. Name, file number, and address of labor organization.						
Name	Scott	D	Watkins		Name	I.B.E.W. Loc	al 16				
					Labor	Organization File Nเ	umber 033-26:	2			
P.O. Box, Bldg., Room No., if any					P.O. Box, Building and Room Number, if any						
Street	6588 Blue Spruce	e Dr.		terrore-rispies	Street	Street 9001 N. Kentucky Ave.					
City	Newburgh				City Evansville						
State	Indiana		ZIP Code + 4 47630-19	69	State	Indiana	f enfont hidde in deal on eight om norm eil ein did eil deal deal of the site	ZIP Code + 4	47725-1397		
5. Positi	on in labor organization.	Assi	stant Business Agent								
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.											
	Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.					
Name						ономперия от принаграния доста принаграния доста по принаграния принаграния принаграния принаграния принаграния	addinantifyn odd ffor fod a'i doddinau dio annor dian fyr o'i ar y daell y dei y dei y dei y dei y dei y dei y				
Trade	Name, if any:			TOTAL PROPERTY OF THE PARTY OF	90NEISSNER 90 BPLZC/(1007-)BNBBBB						
P.O. B	ox, Bldg., Room No., if an	у [		***************************************		ted the transition for growing the first three the transition of the second three transitions are second as th	e dang melakakan salah dari di dang sebagai kenjerakan period kenjerakan di salah di segeran dari kerajan				
Street					7.b. Amo	ount.					
Stieet			nedet till det till det till det helde med de delet men årgegnen oppnyr år med engle og år meg på en fyre mengden og fil mår en ringge	i concessione		groon		enter en 1820 de la companya del companya del companya de la compa			
City				NOVA 65-00-0		To come to the contract of the	to the proposition of the control of				
State			ZIP Code + 4	MANAGEMENT OF STREET							
		***************************************			ature						
subm	itted in this report (includin	g the in	ndersigned declares, under pena formation contained in any accon ue, correct, and complete. (See t	npany	ing docum	ents), has been exa	mined by the signa	that all of the in tory and is, to th	formation ne best of the		
Sign	ed <u>Cott</u>		Kalbuil		On	08/05/2005	812-867-96	570			
						Date	T	elephone Numb	er		
Form LM	-30 (2003)								Page 1 of 2		

Name of Person Filing Scott Watkins		File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:							
Name NECA-IBEW JATC	a. Labor Organization  b. Trust  c. Employer							
Trade Name, if any: Electrical Apprenticeship								
P.O. Box, Bldg., Room No., if any								
Street 1321 Edgar Street	Eumani P P P							
City Evansville								
State Indiana ZIP Code + 4 47710-2427								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name NECA-IBEW JATC	My Wife, Karen is an Instructor with the JATC and the money listed in 11.b is for services rendered							
Trade Name, If any: Electrical Apprenticeship	as that Instructor	•	ACOUNTY OF THE STATE OF THE STA					
P.O. Box, Bldg., Room No., if any	digentional recognisis find		westerman and a second					
Street 1321 Edgar Street	11.b. Approximate dollar valu	o of cush dealing	\$6,882					
City Evansville	12.a. Nature of interest hel	***************************************	La constitution de la constituti					
State Indiana ZIP Code +4 47710-2427	My Wife, Karen is the money listed i as that Instructor	an Instructor win 12.b is for se	th the JATC and rvices rendered					
	12.b. Amount.		\$6,882					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name								
	google reading to the state of		To considerate transfer					
Trade Name, if any:	The second secon							
P.O. Box, Bldg., Room No., if any	The control of the co		TOCOURANT					
Street	Advantationalismostic							
City	**************************************		THE PROPERTY OF THE PROPERTY O					
State ZIP Code + 4			g g g g g g g g g g g g g g g g g g g					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							